

EXHIBIT 26

Buska, Jeff - Vol. II

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THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MASSACHUSETTS

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In re: PHARMACEUTICAL,	MDL DOCKET NO.
INDUSTRY AVERAGE WHOLESALE	CIVIL ACTION
PRICE LITIGATION	01CV12257-PBS

THIS DOCUMENT RELATES TO:

ALL ACTIONS

Volume II

DEPOSITION OF JEFF BUSKA

Taken at

Law Offices of

Gough, Shanahan, Johnson & Waterman

33 South Last Chance Gulch

Helena, Montana

December 14, 2005

9:00 a.m.

Henderson Legal Services
(202) 220-4158

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1 Q. Was another factor in revising the
2 reimbursement rate whether pharmacies might not be
3 financially viable if reimbursement was reduced
4 significantly?

5 A. I'm sure that was also a concern that we
6 had, is the impact on the pharmacies and the impact on
7 the clients, as well.

8 Q. By impact on the clients, the concern of
9 Montana Medicaid was the potential impact on the
10 Medicaid beneficiaries?

11 A. Medicaid beneficiaries and their access to
12 services.

13 Q. In 2003, when Montana Medicaid considered
14 revising its reimbursement formula for generic drugs
15 to be AWP minus 25 percent, I would like to walk you
16 through the same question.

17 What factors did Montana consider in
18 revising that reimbursement formula?

19 A. It would basically be the same factors as
20 in 2002, in that we were experiencing a need to -- a
21 budget reduction to stay within our appropriation of
22 having to implement cuts that not only included the

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1 pharmacy program, but other services under Medicaid,
2 as well to meet those budget reduction requirements.
3 Again, the same study, OIG study report, impact on
4 clients, impact on providers were considered in that
5 proposed rule notice.

6 Q. When you said something about other
7 services.

8 A. Uh-huh.

9 Q. What did you mean by that?

10 A. Other services would be, I don't know the
11 details, but we were looking at the optional services
12 under the Medicaid program that are optional to be
13 provided and cutting those is a cut in service to
14 Medicaid beneficiaries.

15 Other services I believe in 2002 as you
16 referenced earlier was the changes in cost sharing
17 were a factor that were used in meeting some of those
18 budget reductions. Other services would be Medicaid
19 administrative costs, which would be contracts,
20 staffing, vacancy savings, supplies, travel, all
21 considered in terms of meeting the budget reductions
22 that were required of the state.

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